

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	7					
TOTAL DER.		↓		↓		↓
TOTAL COUNT	7					

#	IND.		DER.		IND.		DER.	
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TOTAL IND.	6							
TOTAL DER.		↓		↓		↓		↓
TOTAL CLAIMS	6							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS